
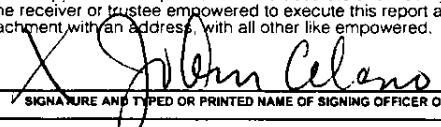


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90082 043 \*\*\*\*61.25

<b>DOCUMENT # N19112</b> 1. Entity Name <b>CEDAR CAY HOMEOWNERS'S ASSOCIATION, INC.</b>						
Principal Place of Business <b>6300 PARK OF COMMERCE BLVD PRIME MGMT GROUP BOCA RATON, FL 33487 US</b>			Mailing Address <b>6300 PARK OF COMMERCE BLVD PRIME MGMT GROUP BOCA RATON, FL 33487 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		03302007 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number <b>65-0037186</b>		
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>SCHNER, LARRY E P.A. 750 S DIXIE HWY BOCA RATON, FL 33432</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EHRlich, RON</b>			NAME		
STREET ADDRESS	<b>2299 NW 53RD STREET</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HABER, SIGMUND</b>			NAME		
STREET ADDRESS	<b>5237 NW 22ND AVE</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRIS, PAUL</b>			NAME		
STREET ADDRESS	<b>2249 NW 53RD ST</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>			CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CELAND, JOANN</b>			NAME		
STREET ADDRESS	<b>2112 NW 53RD STREET</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FREISTAT, PATTI</b>			NAME		
STREET ADDRESS	<b>2144 NW 52ND ST</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> 				Date: <b>4/5/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						